

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
O.I.P.E. CLASSIFIER	<i>DR</i>	<i>53</i>	<i>1/6</i>
FORMALITY REVIEW	<i>A - M</i>	<i>SC 580</i>	<i>01-22-01</i>
RESPONSE FORMALITY REVIEW	<i>A - M</i>		

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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